CBP-156
Rev. 12/12

CITY OF MILWAUKEE
DEPARTMENT OF EMPLOYEE RELATIONS

ABSENCE DUE TO PERSONAL ILLNESS FORM

Name *(First, Last):*	
Home Address:	
Dept/Div:	
Employee ID #:	
Job Title:	

Instructions: When a doctor's certificate is required per departmental workrules, the certificate must contain the following information:
1. Starting and ending dates of absence.
2. A statement from the doctor indicating that the absence was medically necessary.
3. If applicable, medical restrictions and duration of such restrictions.

NOTE: Sick Leave Certification Form (CBP-157) may be completed by your doctor to verify your absence.

Period Absent from Work: *(If **less** than one full working day, complete Line **2** below)*

1. Number of working days absent *(full working days)*:

	Month	Day	Year		Month	Day	Year	Total No. of Days Absent
From:				***To:***				

2. Number of hours absent *(partial day absence)*:

Month	Day	Year			Total No. of Hours Absent:
			From: :	***To:*** :	____
			From: :	***To:*** :	____
			From: :	***To:*** :	____

Did you receive medical attention from a doctor during the above period? ☐ Yes ☐ No

Doctor's Name:

Address/Telephone Number:

Did you notify your superior in accordance with your departmental workrules? ☐ Yes ☐ No

I HEREBY CERTIFY THAT:

☐ I was unable to perform the duties of my position during the period of the absence.

☐ I remained at home during the full period of illness, except for visits to the doctor. *If not, please explain below:*

- **I understand that providing false information will be considered cause for disciplinary action, up to and including discharge.**
- **I certify that the above statements are true and correct.**

Employee Signature: *Date:*

THIS SECTION FOR DEPARTMENTAL APPROVAL

I reviewed this application for accuracy and completeness.

Signature: *Date:*